## **APPLICATION DATA SHEET**

## **Application Information**

Application Number:: NOT YET ASSIGNED

Filing Date:: January 29, 2004

Application Type:: Non-Provisional

Subject Matter:: Utility

Suggested Classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form

(CFR)?::

Number of Copies of CFR::

Title:: SEPARATION METHOD AND SEPARATION

DEVICE

Attorney Docket Number:: 31721-200490

Request for Early Publication?::

Request for Non-Publication?::

**Suggested Drawing Figure::** 

Total Drawing Sheets:: 12

**Small Entity?::** 

**Latin Name::** 

**Variety Denomination Name::** 

Petition Included?::

**Petition Type::** 

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.::

Applicant information	
Applicant Authority Type::	Inventor
Primary Citizenship::	Japan
Country::	Japan
Status::	Full Capacity
Given Name::	Motomi
Middle Name::	
Family Name::	KOHNO
Name Suffix::	
City of Residence::	Chiba-ken
State or Province of Residence::	
Country of Residence::	Japan
Street of Mailing Address::	5-7, Irifune 5-chome, Urayasu-shi
City of Mailing Address::	Chiba-ken
State or Province of Mailing	
Address:: Country of Mailing Address::	Japan
Postal or Zip Code of Mailing	
Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	

City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	1
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
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Given Name::	
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Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	

Name Suffix::		ě.	•		
City of Residence	<b>:::</b>		t		
State or Province	of Residence::				
Country of Reside	ence::				
Street of Mailing	Address::				
City of Mailing Ac	ldress::				
State or Province Address:: Country of Mailin					
Postal or Zip Cod Address::					
Corresponden	ce Information				
Correspondence Number::		26694			
Phone Number:: Fax Number::		(202) 344-4000 (202) 344-8300			
Representative	Information				
Representative C Number::	ustomer 2	26694			
Domestic Prior	rity Information				
Application::	Continuity Ty	pe::	Parent Application::	Parent Filing Date::	
	Continuation	of			
	Continuation	of			
	Continuation	of			

Continuation of

## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2003-063917	March 10, 2003	YES
Japan	2003-114144	April 18, 2003	YES

## **Assignee Information**

Assignee Name:: ACO, CO., LTD

Street of Mailing Address:: 10-13, Kitazakae 2-chome, Urayasu-shi

City of Mailing Address:: Chiba-ken

State or Province of Mailing

Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing

Address::

DC2-518879